

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545 0047

2017

Open to Public Inspection

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			dar year, or tax year be	eginning		, ∠UI/, a	and endin	g	D 51		fication numb		
В		applicable										CI	
	⊢Add	Iress change	The Intermount	ain Rural	Electric				84-0				
	∐ Nan	ne change	Association	rhivair OF					E Telephor				
	∐ Initi	al return	5496 North Hig Sedalia, CO 80	JIIWAY 85 1135-2612					(303) 6	88-3100		
	Final	f return/terminated	seuarra, co oc	1733-0010									
	Ame	ended return										08,938.	
	Арр	olication pending	F Name and address of pro	ncipal officer Pat	rick Moone	v		1	a group return			Yes X No	
	_		Same As C Abov			.1	10	H(b) Are all	subordinates attach a list (included	tructions)	Yes No	
ī	Tax-ex	xempt status	501(c)(3) X 501(c)		nsert no) 494	17(a)(1) or	527		citacii a iist 1	366 1113	tractions)		
J	Web	site: ► ww	w.irea.coop				10	H(c) Group	exemption nui	mber Þ			
ĸ	Form	of organization	X Corporation Trust	Association	Other >	L Ye	ear of format	ion 193	8 M si	ate of le	egal domicile	CO	
Pá	art I	Summar				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
			be the organization's n	nission or most	significant activi	ties The	Assoc	iation	was es	tab	lished	as a	
a.	1 7	Rural Electric Distribution Cooperative to provide electric utility service within											
2	-	its service territory.											
Ē		11.5 Service relition.											
Se	2 0	Check this bo			ued its operation:			re than 2	5% of its r	net as	sets		
Ğ	3		ting members of the g			عا درير		<i>}</i> /	ļ	3		7	
ŝ	4 [dependent voting mem		201705	المرزمان	210)	۵\	-	4		7	
ij	5	Total numbei	of individuals employed	ed in calendar y	ear 2017 (Carly)	June 2a)	8100	\\$\	}	5		244	
Activities & Governance	72 -	Total number	or volunteers (estilla	om Part VIII. co	Jump (C) June 13	2., 19	1010	التكالم	}	6 7a		0.	
⋖	′ೄ′	Net unrelated	l husiness taxable inco	ome from Form	990-T 1672-134 N	101 ×			ŀ	7b		0.	
	 "		of individuals employed of volunteers (estimal ed business revenue fr I business taxable inco	THE HOITH OHIT	181		No.	P	rior Year		Currer	nt Year	
ine	8 (Contributions	and grants (Part VIII,	line 1h)	100/-	OODE		<u> </u>					
			ice revenue (Part VIII,	-	س \			290	,622,7	88.	284.1	75,783.	
Revenue			come (Part VIII, colun		4, and 7d)				594,6			11,602.	
윤		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							15,7			10,174.	
	12	Total revenue	e – add lines 8 through	n 11 (must equa	l Part VIII, colun	nn (A), lin	e 12)	291	,233,2	25.	284,6	97,559.	
	13 (Grants and s	milar amounts paid (P	art IX, column ((A), lines 1-3)								
	14 8	Benefits paid	to or for members (Pa	art IX, column (/	4), line 4).			37	,115,8	22.	34,1	73,035.	
	15 5	Salaries, oth	er compensation, empl	oyee benefits (F	Part IX, column ((A), lines	5-10)	22	22,302,563.			51,480.	
Expenses	16a F	Professional	fundraising fees (Part	IX, column (A),	line 11e)								
en De	Ь-		sing expenses (Part IX										
Ä	17 (es (Part IX, column (A					221	,814,8	227,173,044.			
	1		es Add lines 13-17 (m			ne 25)					284,697,559.		
	1	•	expenses Subtract III	•		110 23)		231	,233,2	23.	204,0		
- S		revenue les	expenses Subtract in	ne to nom mic	12			Pagunnus	of Current	Vone	Endo	0. of Year	
sets or	20	Total assets	(Part X, line 16)						ng of Current			82,640.	
Bals	21		s (Part X, line 26)),586,2			13,276.	
Net Ass Fund Ba	22 '		fund balances Subtra	ect line 21 from	line 20								
		Signatui		ict iiile 21 IIOM	iiiie ZU			293	3,465, <u>5</u>	οı.	313,0	69,364.	
	art II												
Und	er penalti iplete De	es of perjury, I declaration of preparation	clare that I have examined the irer (other than officer) is base	is return, including ac ed on all information (ccompanying schedule of which preparer has	s and statem any knowledo	ents, and to ge	the best of m	ny knowledge a	and beli	ef, it is true, co	orrect, and	
		Da	had BAM	12-111	<u> </u>				11/<	11	8	-	
Sig	an	Signatu	re of officer	WOVE -	+			Da	nte	<i>,</i> , ,	Δ		
He	yıı Pre	Dat.	rıck Mooney	•	J			CEO					
			print name and title					CEO	<u></u> _				
_			reparer's name	Preparer's sig	nature	I	Date		Check 3	ıf	PTIN	*	
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J 3		Firm's addr	;ss <u> </u>				· - · · · ·						
NA-	v the IF	OS discuss #	us return with the pres	arer chown abo	ve? (see instruct	tions)			Phone no		Vac	No (
			is return with the prep			10115)			00/17		Yes		
ВA	A FOR	raperwork h	eduction Act Notice,	see une separate	ะ เกรเเนตเเดทร.		TER	EA0113L 08/	UØ/ I /		rorm	n 990 (2017)	

	990 (Intermo									84-0	2352	44	F	age 2
Par	t III			t of Progr					ts								
		Check	k if Sch	nedule O cor	ntains a res	sponse o	r note to	any line	e in this	Part III						_	ot
1	Briefly	/ descr	ibe the	organizatio	n's missior	n									_		
	The	Asso	ociat	ion was	_estab]	lished	as a	Rura	l Elec	ctric	Distr	ibuti	on Coope	erati	ve to	0	
				tric_ut													
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		- - -											·				
2	Did th	e organ	ization i	undertake ar	ny significar	nt program	service	s during	the year v	which we	ere not list	ed on the	e prior				
	Form	990 or	990-EZ	Zγ											Yes	X	No
	If 'Yes	s,' desc	cribe the	ese new se	rvices on S	Schedule	0							ш		ت	
3	Did th	e orqai	nızatıor	n cease con	ducting, or	make si	gnifican	t change	s in how	it cond	ucts, any	progran	services?		Yes	X	No
		-		ese change	_		•	3						ш		ت	
4				_			nolishm	ents for e	each of it	ts three	largest p	rooram	services as	measu	ed by	exnen	ses
	Section	on 501((c)(3) a	nd 501(c)(4 , for each p) organizat	tions are	required	to repo	rt the am	nount of	grants ar	nd alloca	services, as ations to oth	ers, the	total e	xpens	es,
	anu n	evenue	i, ii aiiy	, ioi each p	iogiaiii sei	ivice repo	n teu										
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4 a	(Code) (Expenses) (Revenue				<u> </u>
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4 0	Other	progra	am serv	rices (Descr	ibe in Sche	edule O)											-
	(Ехре		\$			including	grants	of \$) (F	Revenue	\$)	
4 e			m servi	ice expense			697,5										

Form 990 (2017) The Intermountain Rural Electric
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
•	Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	_	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9_		x_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		x
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
١	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
١	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
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Form 990 (2017) The Intermountain Rural Electric

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	2017
		E = ===	000	

Form **990** (2017)

Check if Schedule O contains a response or note to any line in this Part V			
	$\neg \neg$	Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 187			_
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 244			<u> </u>
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		 .	<u>x</u>
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		^
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country ▶			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
not tax deductible?	6 Ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	$\stackrel{\sim}{-}$		
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9Ь		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them) 11b 4,676,751.			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13 a		<u> </u>
Note. See the instructions for additional information the organization must report on Schedule O		`	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>x</u>
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	-	

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Se	ection A. Governing Body and Management							
			Yes	No				
1	la Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
	b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
4	officer, director, trustee, or key employee?	2		X				
		-						
	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	_	Х				
- 4	Did the organization make any significant changes to its governing documents							
	since the prior Form 990 was filed?	4		Х				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6		6	Х					
7	7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule 0							
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
	a The governing body?	8 a	X					
	b Each committee with authority to act on behalf of the governing body?	8ь	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Ri	evenu	ie Co	ode.)				
			Yes	No				
10	Da Did the organization have local chapters, branches, or affiliates?	10 a		Х				
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their							
	operations are consistent with the organization's exempt purposes?	10 ь						
1	1 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O							
12	2a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X					
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х					
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O	12 c	Х					
13	3 Did the organization have a written whistleblower policy?	13	Х					
14	4 Did the organization have a written document retention and destruction policy?	14	X					
19	5 Did the process for determining compensation of the following persons include a review and approval by independent			i				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	a The organization's CEO, Executive Director, or top management official See Schedule O	15a	X					
	b Other officers or key employees of the organization See Schedule O	15 b	Х					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)							
10	6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a						
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b						
Se	ection C. Disclosure							
	7 List the states with which a copy of this Form 990 is required to be filed None							
18	8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply.	only)	avail	able				
	Own website Another's website X Upon request Other (explain in Schedule O)							
	9 Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year See Schedule 0	ble to						
2	State the name, address, and telephone number of the person who possesses the organization's books and records							
	Dierdre P. Jones, CFO 5496 N Highway 85 Sedalia CO 80135-8618 (303)688-310	0						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

' Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Name and Title Average is both an officer and a Reportable Reportable Establishment of the Reportable Average hours director/trustee) compensation from amount of the Reportable Compensation from amount of the Reportable	(F) stimated int of other pensation om the anization
(A) (B) than one box, unless person (D) (E) Name and Title Average is both an officer and a Reportable Reportable hours director/trustee) compensation from compensation from amou	stimated int of other pensation om the
per O = O = O = O = O = O = O = O = O = O	om the
(list any or program) org	d related anizations
(1) Timothy L. White 5	
President 0 X X 48,104. 0.	0.
(2) Eugene Sperry 4	
Sec/Treasurer 0 X X 30,337. 0.	0.
(3) James C. Dozier 6	
Asst. Sec/Treas 0 X X 36,036. 0.	0.
(4) Bruff Shea 7	
Vice President 0 X X 33,178. 0.	0.
(5) Michael Kempe 4	
Director 0 X 18,554. 0.	0.
(6) James T. Anest 8	
Director 0 X 48,279. 0.	0.
(7) Robert W. Graf 8	
Director 0 X 38,236. 0.	0.
(8) Dierdre P. Jones 40	
	13,450.
(9) Pamela Feuerstein 40	
COO 0 X 289,135. 0.	38,848.
(10) Patrick Mooney 40	
CEO 0 X 482,237. 0.	35,010.
(11) Gerald R. Hacker 40	
Corporate Services Manager 0 X 236,747. 0.	62,938.
(12) Konstantinos Lagos 40	
Facility Fleet and Acquisition 0 X 237,314. 0.	28,698.
(13) Amanda Lesher 40	
Consumer Srv Mgr 0 X 206,329. 0.	20,151.
(14) Rob D. Youngquist 40	
InfoTechnology Mgr 0 X 178,317. 0.	35,940.

Part VII Section A. Officers, Directors, Iri	1	ney	En	<u> </u>		es,	and	Hignest Com	pensated Empl	oyees	(cont	inued)
•	(B)			((-							
(A)	Average hours	(do	not c	heck	sition more	than	one	(D)	(E)		(F)	
Name and title	per	offi	cer ar	nd a	direct	ıs bot or/trus	tee)	Reportable compensation from	Reportable compensation from	amo	stimate unt of o	other
	(list any	or no)Sul	읔	ŝ	emp	합	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	f	pensat	;
	for related	or director	Į.	Officer	3	og st	mer			añ	janizatii id relate anizatio	ed
	organiza - tions	ndividual trustee or director	nstitutional trustee		kcy amployed	le com				Org	amzanc	JI 15
	below dotted	uste	trust		ဂ	Pens						
	line)	"	8	ļ		Highest compensated employee						
(15) Mark Jurgemeyer	40	\vdash					\vdash	-				
Engineering Mgr		1				x		204,966.	0.		29	254.
(16) Josh Liss	40					<u> ^`</u>		201,300.	0.		2,,	201.
Corporate Aff Mgr	0-	1		1		Х		166,144.	0.		34,	827.
(17) Anne Thomas	40											
Finance Manager 0 X 250,445. 0							0.		30,	338.		
(18)												
<u>(19)</u>		ł										
(20)	ļ					-						
(20)		1										
(21)	 			 	\vdash	_			<u>-</u>			
(22)										-		
(23)												
<u>(24)</u>			1		1							
(25)		-	┢		-							
	{−−−	1										
1 b Sub-total		<u> </u>					>	2,830,438.	0.		29,	454.
c Total from continuation sheets to Part VII, Secti	on A						•	0.	0.			0.
d Total (add lines 1b and 1c)							>	2,830,438.	0.			454.
2 Total number of individuals (including but not limited	to those I	isted	abo	ve)	who	recei	ved	more than \$100,000	0 of reportable comp	ensatio	n	
from the organization ► 105												T
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	istee	, ke	y en	nplo	yee,	or h	nighest compensat	ed employee	3		X
,					. 4		- 41-					 ^
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate									rom	1.		
such individual										4	_X	
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	isatio	on fr	om	any	unre	late	ed organization or i	ındıvıdual	5		x
Section B. Independent Contractors	s, compre	16 0	criec	Juic	3 10	, 300	,,, <u>p</u>	213011		1 -		1 V
1 Complete this table for your five highest compen	sated ind	epen	den	t co	ntra	ctors	tha	it received more th	nan \$100,000 of			
compensation from the organization Report compen	isation for	the c	alen	dar	year	endi	ng y		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
(A) Name and business add	ress							(B) Description o	f services) Compe	C) ensati	on
												788.
Colorado Powerline Inc. 5401 N Peterson Rd Sedalia, CO 80112 Utility Construction Stanley Consultants Inc. 8000 S Chester Street Centennial, CO 80112 Engineer Consulting												526.
Nunn Construction Inc. 925 Elkton Drive Colorado Springs, CO 80907 Building Contractor												566.
Asplundh Tree Expert Co 1700 Solutions Center Chicago, IL 60677 Vegetation Mgmt												166.
HDR Engineering Inc. PO Box 74008202 Chicago, IL 60674 Engineer Consulting												683.
2 Total number of independent contractors (including but not limited to those listed above) who received more than									than			
\$100,000 of compensation from the organization 42											_	

	990 (2017) The Intermountain Rural Electr VIII Statement of Revenue	10		84-0235244	Page 9
	Check if Schedule O contains a response or note to any	line in this Part VI	II.		П
	check in schedule of contains a responde of mote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns 1 a			•	
ira our	b Membership dues 1 b				
S, E	c Fundraising events 1 c				
Sift lar,	d Related organizations 1 d				
i, i	e Government grants (contributions) 1 e				
Contributions, Grits, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above				
d d	g Noncash contributions included in lines 1a-1f \$				
<u>လို့ မြ</u>	h Total. Add lines 1a-1f				•
뒫	Business Code				_
	2a Distrib. of Electricity 221000	277561441.	277561441.		
e E	b Patronage Capital Credits 221000	3,892,659.	3,892,659.		
ξ	c Other Service Revenues 221000	1,594,429.	1,594,429.		
Š	d Joint Pole Revenue 900002	871,840.	055 414	<u>.</u>	871,840.
ram	f All other Program Service 221000	255,414.	255,414.		· · · · -
Program Service Revenue	q Total. Add lines 2a-2f	284175783.			+
	3 Investment income (including dividends, interest and	2041/3/03.			
	other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	511,602.			511,602.
	6 a Gross rents 21, 553.				
	b Less rental expenses 11,379.				
	c Rental income or (loss) 10,174.				
	d Net rental income or (loss)	10,174.			10,174.
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other		:		
	b Less cost or other basis and sales expenses				
	c Gain or (loss) d Net gain or (loss)				-
Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
<u> </u>	See Part IV, line 18				
홅	b Less direct expenses b		-		
δ	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b			- 	-
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory		-		
	Miscellaneous Revenue Business Code				-

d All other revenue e Total. Add lines 11a-11d

12 Total revenue. See instructions

283303943

Form 990 (2017) The Intermountain Rural Electric

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	-		omplete column (A)	
	Check if Schedule O contains a r				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	34,173,035.	•		1
5	Compensation of current officers, directors, trustees, and key employees	2,830,438.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	12,387,279.	,		<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	. 3,457,976.			
9	Other employee benefits	3,456,909.			
10	Payroll taxes				
	Fees for services (non-employees)	1,218,878.			
	, , , ,				
	Management	F0 (F0			<u>.</u>
	Legal	50,650.			
	: Accounting	131,600.			
	Lobbying	75,873.	· · · · · · · · · · · · · · · · · · ·		
	Professional fundraising services See Part IV, line 17				
	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column		··· - ·		
9	(A) amount, list line 11g expenses on Schedule 0)	675,176.			
12	Advertising and promotion				
13	Office expenses	1,816,670.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	138,561.			
	Interest	42,499,665.		.==.=	
	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,738,504.			
	Insurance	558,314.			<u> </u>
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).			,	
' 8	Gen/Purchased_Power	113,871,856.	<u>-</u>		
ŧ	Property,Franchise,&Income Tax	12,262,518.			=0.00
(Maintenance Expenses	8,491,298.			
•	Operations & Customer Exps	5,251,978.			
•	All other expenses	2,610,381.			
	Total functional expenses Add lines 1 through 24e	284,697,559.			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here \(\bigcup \equiv \) if following				

34

BAA

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 2,769,324 1 2,217,050. 2 2 Savings and temporary cash investments 130,883 280,874. Pledges and grants receivable, net 3 4 Accounts receivable, net 4 35,601,692 29,645,918. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Assets Inventories for sale or use 8 2,485,860 6,257,248. Prepaid expenses and deferred charges 14,600,132 9 13,987,064. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 1325715275 10b b Less accumulated depreciation 314, 141, 401. 1, 003, 664, 986 10 c 011,573,874. 11 Investments - publicly traded securities 93,506 11 108,488. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 24,672,696 13 25,769,538. 14 14 Intangible assets Other assets See Part IV, line 11 15 15 32,721 942,586. Total assets. Add lines 1 through 15 (must equal line 34) 084,051,800 16 090,782,640. 19,047,395. לו Accounts payable and accrued expenses 19,768,488 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 724,796,750 713,091,284. Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 46,020,981 45,574,597. Total liabilities. Add lines 17 through 25 790.586.219 26 777,713,276. Organizations that follow SFAS 117 (ASC 958), check here and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 Temporarily restricted net assets 28 29 Permanently restricted net assets X Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Assets Paid-in or capital surplus, or land, building, or equipment fund 677,635 31 690,245 32 Retained earnings, endowment, accumulated income, or other funds 32 312, 379, 119. 292,787,946 Set 33 Total net assets or fund balances 293,465,581 33 313,069,364.

TEEA0111L 08/08/17

084,051,800.

34

090,782,640.

Form **990** (2017)

Forn	1990(2017) The Intermountain Rural Electric	4-02352	244	Pa	ge 12				
Pai	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	284,6	97,5	59.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	284,6	97,5	59.				
3	Revenue less expenses Subtract line 2 from line 1	3			0.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	293,4	65,5	81.				
5	5 Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses -	7		*,					
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	9	20,9	34,6	20.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,								
D	column (B))	10	313,0	69,3	64.				
Pai	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				Ш.				
				Yes	No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O								
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ewed on a							
1	Were the organization's financial statements audited by an independent accountant?		2 b	X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis	oarate							
-	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2 c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	3 a		Х				
I	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 ь						
BAA			Form	990 ((2017)				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• ;	Section 501(c)(4), (5), or (6) organizations Complete Part III									
Name	of organization The Inte	ermountain Rural Electric		Employer identifica	ation number					
	Associat	ion		84-023524						
Pa	rt I-A Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organiz	zation.					
1		organization's direct and indirect political on of 'political campaign activities')	campaign activities in	Part IV See Part	IV.					
2	Political campaign activity e	xpenditures (see instructions)		▶ \$	16,050.					
3	Volunteer hours for political	campaign activities (see instructions)								
Pa	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3).							
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	► \$						
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	►\$						
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No					
4 :	a Was a correction made?				Yes No					
1	b If 'Yes,' describe in Part IV				0 0					
Pa	rt I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).						
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	in activities 🕨 🗦 \$	16,050.					
2	2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$									
3	Total exempt function exper line 17b	nditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	► \$	16,050.					
4	Did the filing organization fil	e Form 1120-POL for this year?			X Yes No					
5	organization made payment amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the ail is received that were promptly and directly delation committee (PAC). If additional spa	mount paid from the f livered to a separate po	filing organization's fund olitical organization, such	ds Also enter the as a separate					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-					
(1)	See Part IV									
(2)										
(3)										
(4)										
(5)										
(6)										

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 201	¹⁷ The Interm	ountain Rural Ele	ctric	84-0235	244 Page 2
	the organization	on is exempt under se		d filed Form 5768 (el	ection under
A Check ► if the filin	ig organizátion belor	ngs to an affiliated group (and	d list in Part IV each aff	iliated group member's name	e,
· address,	EIN, expenses, ar	nd share of excess lobbying	g expenditures)		
B Check ► I If the filing	ng organization ch	ecked box A and 'limited co	ontrol' provisions apply	/	
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence p	ublic opinion (grass roots l	obbying)		
b Total lobbying expendit	ures to influence a	legislative body (direct lob	bying)	-	-
c Total lobbying expendit	ures (add lines 1a	and 1b)			
d Other exempt purpose	expenditures.				
e Total exempt purpose e	expenditures (add l	ines 1c and 1d)			
f Lobbying nontaxable ar both columns	mount Enter the a	mount from the following ta	able in		
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable	amount is		-
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the exces			
Over \$1,000,000 but not over \$	· · · · · · · · · · · · · · · · · · ·	\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable	•	·			
, h Subtract line 1g from li					
i Subtract line 1f from lin	ne 1c if zero or les	s, enter -0-			
j If there is an amount othe section 4911 tax for this		er line 1h or line 1i, did the or	ganization file Form 47	20 reporting	Yes No
(Som		4-Year Averaging Period at made a section 501(h) e elow. See the separate ins	election do not have to	complete all of the five	
	Lob	bying Expenditures During	g 4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures	-				
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))			,		
f Grassroots lobbying expenditures				Sahadula C./F	1 990 or 990-EZ) 2017
DAA				Schedule C (FOM	1 330 OF 330-EZ) 201/

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

Non-rest West and the last test to the second to the last test to the second test to the second test to the second test to the second test test to the second test test test to the second test test test test test test test tes	(a)	(b)
or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			· · ·
e Publications, or published or broadcast statements?			•
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		[
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		,
	a Current year	2 a	•
	b Carryover from last year	2 b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

Political Donations

Schedule C, Part I-C, Line 5 Section 527 Political Organizaitons

			Amount Paid Amount Of Fr. Internal Pol. Contrs.
Name	Address	FEIN	Funds Received
Senate Majority Fund		45-1353357	3,500.
Colorado Integrity Alliance	2318 Curtis St Denver, CO 80205	80-0969728	1,000.
Care Membership Account LLC	5400 N. Washington Street Denver, CO 80216	74-3106451	5,000.
Our Colorado Values	3368 W 35th Avenue Denver, CO 80211	81-4474149	1,000.
Values First Colorado	601 16th Street #C-138 Golden, CO 80401	81-4643054	4,000.
American Legislative Exchange	2900 Crystal Drive Arlington, VA 22202	52-0140979	1,000.
Elections Matter	9002 N Moore Road Littleton, CO 80125	45-4329649	550. ·

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

The Intermountain Rural Electric Association 84-0235244

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6						
	Complete if the organization and	· · · · · · · · · · · · · · · · · · ·	,				
-	Total number of and of year	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in d organization's exclusive legal control?	onor advised funds Yes No				
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fun t of the donor or donor advisor, or for any othe	ds can be used only r purpose conferring Yes No				
Par		wered 'Yes' on Form 990, Part IV, line	e 7.				
1	Purpose(s) of conservation easements held by	y the organization (check all that apply)					
	Preservation of land for public use (e.g., r	recreation or education) Preservation	of a historically important land area				
	Protection of natural habitat	Preservation	of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization last day of the tax year	neld a qualified conservation contribution in the for	rm of a conservation easement on the				
	,		Held at the End of the Tax Year				
á	Total number of conservation easements		2a				
ŀ	Total acreage restricted by conservation ease	ments	2 b				
٠.	Number of conservation easements on a certi	fied historic structure included in (a)	2 c				
Ć	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and not on a histo					
3	_	nsferred, released, extinguished, or terminated by	the organization during the				
4	Number of states where property subject to conse	ervation easement is located >					
5	Does the organization have a written policy re	garding the periodic monitoring, inspection, ha	_ andling of violations, ☐Yes ☐ No				
6	and enforcement of the conservation easemed Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing co					
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and enforcing conse	rvation easements during the year				
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No				
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and experts the organization's financial statements that	nse statement, and balance sheet, and describes the organization's accounting for				
Par		ections of Art, Historical Treasures, or wered 'Yes' on Form 990, Part IV, line					
1 8	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or research in t	enue statement and balance sheet works of furtherance of public service, provide,				
ı	o If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth	e statement and balance sheet works of art, erance of public service, provide the				
	(i) Revenue included on Form 990, Part VIII,	line 1	► \$				
	(ii) Assets included in Form 990, Part X		► \$				
2	If the organization received or held works of art, I amounts required to be reported under SFAS	nistorical treasures, or other similar assets for final 116 (ASC 958) relating to these items	ncial gain, provide the following				
á	Revenue included on Form 990, Part VIII, line		▶\$				
	Assets included in Form 990. Part X		►\$				

Schedule D (Form 990) 2017 The I				84-023		Page 2
3 Using the organization's acquisition						nacu)
items (check all that apply)	, accession, and othe	—	iny of the following that a	ire a significant ase of its	concention	
a Public exhibition		⊢	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener						
4 Provide a description of the organiz Part XIII5 During the year, did the organiza			, J			
to be sold to raise funds rather th	nan to be maintained	d as part of the o	organization's collection	17	Yes	No
Part IV Escrow and Custodia line 9, or reported an	l Arrangements. amount on Form	Complete if 1 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	orm 990, P	art IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or ot	her intermediary	for contributions or oth	er assets not included	Yes	□No
b If 'Yes,' explain the arrangement	in Part XIII and con	nplete the follow	ıng table		<u> </u>	
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance	5 000	D-4 V 1 01	f	1f	п 	——————————————————————————————————————
2 a Did the organization include an a				•	Yes	⊢No
b If 'Yes,' explain the arrangement	in Part Air Check	пете п те ехріа	nation has been provide	ed on Part XIII		Ц
Part V Endowment Funds. C	omplete if the or	rganization ar	swered 'Yes' on F	orm 990 Part IV I	ne 10	
Ture V Endowniener unds.	(a) Current year	(b) Prior yea				ears back
1 a Beginning of year balance	(a) current your	(b) i i i i jua	(c) Two Journ Buo	(a) Three years back	(0)1001	Curs buck
b Contributions					+	
c Net investment earnings, gains, and losses						
d Grants or scholarships					 	
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	•	_ ,	ne 1g, column (a)) held	as		
a Board designated or quasi-endowm		%				
b Permanent endowment		0.				
c Temporarily restricted endowmer		%				
The percentages on lines 2a, 2b, ai	na ze snoula equal Tu	U%				
3 a Are there endowment funds not in to organization by.	he possession of the	organization that	are held and administere	d for the	Yes	s No
(i) unrelated organizations					3a(i)	110
(ii) related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ited organizations lis	sted as required	on Schedule R?		3b	
4 Describe in Part XIII the intended	-	•			<u> </u>	
Part VI Land, Buildings, and						
Complete if the organi		l 'Yes' on For	m 990. Part IV. line	e 11a. See Form 9	90. Part X.	line 10.
Description of property	(a) Cos	st or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	
1 a Land		, , , , , , , , , , , , , , , , , , , ,	17,410,209.		17.41	0,209.
b Buildings		-	78,653,653.	9,586,767.		6,886.
c Leasehold improvements			,0,000,000.	5,500,707.	35,00	, , , , , , , , , ,
d Equipment			1,229,855,098.	304,758,598.	925.00	6,500.
e Other			-203 685	-203 964	220,00	279

1,011,573,874. Schedule **D** (Form 990) 2017

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

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Schedule D (Form 990) 2017 The Intermountain	Rural Electric	84-023	35244 Page 3
Part VII Investments – Other Securities.		N/A	
Complete if the organization answered	'Yes' on Form 990		90, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of	
(1) Financial derivatives			
(2) Closely-held equity interests	í -		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			_
(F)			
(G)			
(H)			
(1)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			
(2)	<u> </u>		
(3)			
(4)	<u> </u>		
(5)	<u> </u>		·
(6)	<u> </u>		
(7)	<u> </u>		
(8)			
(9)		·	
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13)			
Part IX Other Assets. Complete if the organization answered	N/A 'Yes' on Form 990	Port IV line 11d See Form 9	00 Part X line 15
	scription	, Fait IV, line 11d. Occ 1 onn 3.	(b) Book value
(1)	oription		(b) Doon value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			<u> </u>
(9)			<u> </u>
(10)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15)		L
Part X Other Liabilities.	000 Deet IV June 11	115 O Farm 000 Part V June 25	
Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 119 (b) Book value	e or III. See Form 950, rait A, mie 25	
(1) Federal income taxes	(b) Dook value	\dashv	+
(2) ASSET RETIREMENT OBLIGATION	6,170,052	, 	
(3) CURRENT TAXES, TNT., & OTHER LIABILI			
(4) CUSTOMER DEPOSITS	2,837,606		
(5) DEFERRED CREDITS	5, 908, 823		
(C) POST RETIREMENT BENEFITS & PENSION			
(7)	<u> </u>		
(8)			
(2)		\neg	
(10)			
(11)		-1	

(11)

Total (Column (b) must equal Form 990, Part X, column (B) line 25)

2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017	The	Intermountain	Rural	Electric

84-0235244

Page 4

Part 2	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenu	e per Return.	
	Complete if the organization answered 'Yes' on Form 990,	, Part IV, line 12a		
1 T	otal revenue, gains, and other support per audited financial statements		1	284,697,559.
2 A	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a١	let unrealized gains (losses) on investments	2 a		
ьс	Donated services and use of facilities	2 b		
c F	Recoveries of prior year grants	2 c		
d C	Other (Describe in Part XIII)	2 d		
e A	Add lines 2a through 2d		2 e	
3 8	Subtract line 2e from line 1		3	284,697,559.
4 A	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a li	nvestment expenses not included on Form 990, Part VIII, line 7b	4 a		
b C	Other (Describe in Part XIII)	4 b		
c A	Add lines 4a and 4b	,	4 c	
5 T	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>'</u>)	5	284,697,559.
	XII Reconciliation of Expenses per Audited Financial Statem	nents With Expens	ses per Returi	
	· · · · · · · · · · · · · · · · · · ·	•	•	
Part :	XII Reconciliation of Expenses per Audited Financial Statem	•	•	
Part	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990,	•	•	1.
1 7 2 4	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements	•	•	1.
1 7 2 4 a [Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	, Part IV, line 12a	•	1.
1 7 2 4 a 5	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	, Part IV, line 12a	•	1.
Part	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Conated services and use of facilities Conated Services S	, Part IV, line 12a	•	1.
1 7 a E b F c C d C	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Conated services and use of facilities Prior year adjustments Other losses	Part IV, line 12a. 2a 2b 2c	•	1.
1 7 a E b F c C d C e /	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Conated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII)	Part IV, line 12a. 2a 2b 2c	1	1.
1 1 2 4 a E b F c C d C e 4 3 S 4 4	Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 conated services and use of facilities control year adjustments of their losses of their (Describe in Part XIII) Add lines 2a through 2d Gubtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1	2a 2b 2c	2e	284,697,559.
1 7 a E b F c (d (e A 3 S 4 A a 1	Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements amounts included on line 1 but not on Form 990, Part IX, line 25 conated services and use of facilities of Prior year adjustments of their losses of their (Describe in Part XIII) and lines 2a through 2d Gubtract line 2e from line 1 amounts included on Form 990, Part IX, line 25, but not on line 1 investment expenses not included on Form 990, Part VIII, line 7b	Part IV, line 12a. 2a 2b 2c 2d	2e	284,697,559.
1 7 2 4 a C d C d C e 4 4 a b C C	Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements amounts included on line 1 but not on Form 990, Part IX, line 25 conated services and use of facilities of Prior year adjustments. Other losses other (Describe in Part XIII) add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 investment expenses not included on Form 990, Part VIII, line 7b other (Describe in Part XIII)	Part IV, line 12a	2e 3	284,697,559.
1 7 2 4 a E C C C C C C C C C C C C C C C C C C	Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements amounts included on line 1 but not on Form 990, Part IX, line 25 conated services and use of facilities of Prior year adjustments. Other losses other (Describe in Part XIII) add lines 2a through 2d Gubtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 investment expenses not included on Form 990, Part VIII, line 7b other (Describe in Part XIII) add lines 4a and 4b	Part IV, line 12a	2e 3	284,697,559. 284,697,559.
Part 1	Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements amounts included on line 1 but not on Form 990, Part IX, line 25 conated services and use of facilities of Prior year adjustments. Other losses other (Describe in Part XIII) add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 investment expenses not included on Form 990, Part VIII, line 7b other (Describe in Part XIII)	Part IV, line 12a	2e 3	284,697,559.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

BAA

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Compensation Information

► Go to www.irs.gov/form990 for instructions and the latest information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

Name of the organization The Intermountain Rural Electric

OMB No 1545-0047

Employer identification number

2017

Open to Public Inspection

84-0235244 Association **Questions Regarding Compensation** Part I Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Part III First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b X Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization 4 a a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 h X 4 c c Participate in, or receive payment from, an equity-based compensation arrangement? If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 a b Any related organization? 5 b If 'Yes' on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6 a a The organization? b Any related organization? 6 b If 'Yes' on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6° If 'Yes,' describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? 8 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

section 53 4958-6(c)?

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 The Intermountain Rural Electric 84-0235244 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990. Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W 2 and/or 1099-MISC compensation			(C) D-11	(D) No. 11 111.	45 T. 1. 1. 1	m 0:
		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i) (D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Dierdre P Jones	(1)	258,728	35,050	32,302	85,712	27,738	439,530	0
1 CFO	(ii)	0_	0	0	0	0	0	0
Pamela Feuerstein	(0)	228,467	35,050	25,618	11,887	26,961	327,983]0_
2 COO	(11)	<u> </u>	0	0	0	0	. 0	00
Patrick Mooney	(0)	401,757	45,050	35,430	13,570	21,440	517,247]0_
3 CEO	(11)	0.	0.	0_	0	0	0	0
Gerald R Hacker	(0)	<u> </u>	35,150	26,989_	42,321	20,617	299,685]0_
4 Corporate Services Manager	(ii)	0	0	0	0	0	0	0
Konstantinos Lagos	ω	168,347	35,200.	33,767	8,085	20,613	266,012	0_
5 Facility Fleet and Acquisition Mgr	(ii)	0	0.	0	0	0	0	0
Amanda Lesher	(0)	161,284	30,100	14,945	9,467	10,684	226,480	0_
6 Consumer Srv Mgr	(ii)	0	0.	0	0	0	0	0
Rob D Youngquist	(0)	150,598	8,200	19,519	8,638	27,302	214,257]0_
7 InfoTechnology Mgr	(ii)	0	0	0	0	0	0	0
Mark Jurgemeyer	(0)	173,570.	<u>8,050.</u>	23,346.	10,759	18,495	234,220	0_
8 Engineering Mgr	(ii)	0	0	. 0.	. 0	0	0	0
Josh Liss	(0)	131,342.	15,065.	19,737.	571_8	26,256	200,971.	0_
9 Corporate Aff Mgr	(ii)	. 0	0.	0.	0	0	0	0
Anne Thomas	(0)	196,575	15,150.	38,720.	9,407	20,931	280,783]0_
10 Finance Manager	(11)	0	0	0	0	0	0	0
	(0)	L	l		L -		L	
11	(iı)							
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16	(ii)							
BAA			TEEA4102L 08/09	9/17			Schedule	J (Form 990) 2017

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Part 1, Line 1a - Relevant Information Regarding Compensation Benefits

The Association provides up to \$300 toward dues of a wellness program as a taxable benefit available to employees Four of the above individuals are participating in this benefit

Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization The Intermountain Rural Electric Association

Employer identification number 84-0235244

Form 990, Part VI, Line 16a - Gov, Mgt & Disc - Int in Joint Venture

The Association entered into a joint ownership agreement for construction and operation of a 750 megawatt coal-fired electric power generation plant in Pueblo, Colorado known as Comanche III. The Association's total net investment is about \$349,000,000 for its 25.333% ownership interest. Public Service Company of Colorado operates the plant. The parties share operating expenses and receive energy from the plant in proportion to their ownership interest. Comanche III has been in commercial operation since July 2010.

Form 990, Part VI, Line 16b - Gov, Mgt & Disc - Int in Joint Venture

The investment in Comanche III results in no receipt of revenue or profit from the plant. Rather, the Association receives energy. The Association does not participate in joint ventures or similar arrangements with taxable entities with the expectaion of receiving revenue or profits. Therefore, no written policy or procedure is necessary.

Form 990, Part IX, Line 4 - Statement of Financial Expenses

The amount shown as Benefits paid to or for members represents the Patronage Capital for the year that the Cooperative credited to member capital accounts based on electric sales revenues in excess of operating costs and expenses.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The Cooperative was formed by the members to provide electric service at cost on a cooperative basis, as provided for in its bylaws. There is only one class of members.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The Association is divided into 7 districts, and each district is represented by one Board Member (Director). Board Members are elected by their respective district members to staggered four-year terms. Elections are by mail ballot, but members may

Employer identification number 84-0235244

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body (continued)

vote in person at the annual meeting.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990, including the related schedules, is completed internally by staff of the Association under the direction of the CFO, who in turn reviews the Governance, Management and Disclosure sections required by the Form 990 and presents a draft of the completed report to the CEO and Board of Directors for review. The return is then completed and filed.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Officers, directors, and key employees are required to disclose any conflicts of interest as events or circumstances giving rise to a conflict occur. The CEO reviews any potential conflicts that are brought to his attention and makes the determination for key employees. The Board of Directors reviews and makes determinations for the CEO and at the director level. Restrictions on persons with a conflict generally result in removing the person from decision making authority concerning the conflict and may, in the case of Directors, include mandatory abstention from voting on the related agenda item.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management Compensation of the CEO is evaluated and approved by the Board of Directors, in

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

comparison with industry standards and other cooperatives.

Compensation for management employees, including salaries and benefits, is evaluated by Human Resources personnel under the direction of the CEO, using comparisons with industry standards, with other cooperatives, and in consideration of local employment and economic markets. The resulting recommendations are reviewed by the CEO and with the Board of Directors.

Name of the organization The Intermountain Rural Electric Association

Employer identification number 84-0235244

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Bylaws of the Association, the Annual Report, and Board Minutes are available on the Association's web site at www.irea.coop. The Association's articles of incorporation are available on the Colorado Secretary of State's web site. Other Association documents, such as the Form 990, are available to the public upon request at the Association's headquarters office.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Benefits Paid to Members/Margin Allocation Membership Fees PCC Refund Unclaimed Capital Credits \$ 34,173,035. 12,610. -15,253,265. 2,002,240. Total \$ 20,934,620.